

# Bi-Weekly BDDS Meeting for Case Managers and Providers August 12, 2020



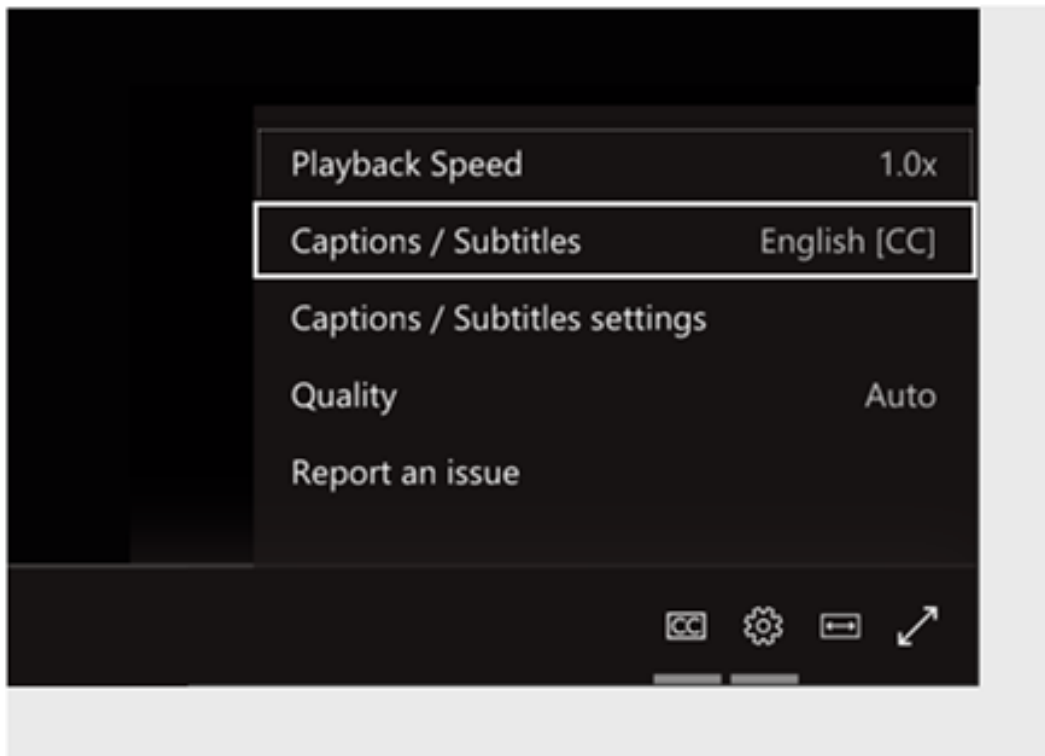
# Before We Get Started...



# How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





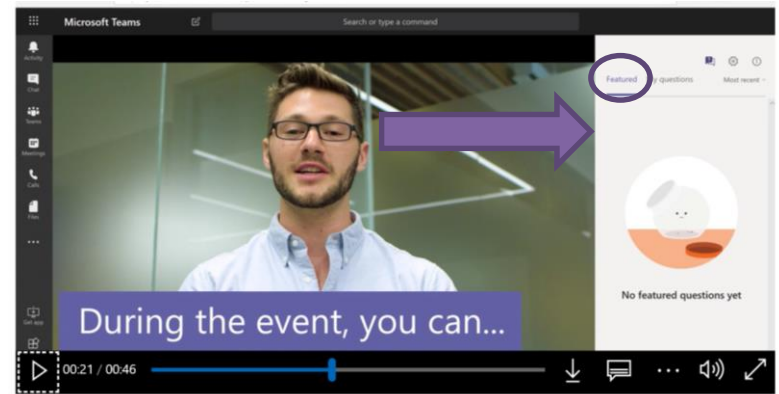
# How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



# How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



# Welcome and Today's Agenda

- Introductions
- DDRS Goals
- Electronic Visit Verification (EVV) - Michael Cook, FSSA
- COVID-19 Data Update
- COVID-19 Best Practices
- Family Feedback
- Telemedicine Flexibilities
- Outcomes in PCISP
- HCBS in Hospitals Policy



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



# IHCP Live: Electronic Visit Verification (EVV)

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning

2020





## Agenda

- 21st Century Cures Act
- Getting Ready for Implementation
  - EVV Resources Available
  - Helpful Tools



# 21<sup>st</sup> Century Cures Act

- Requires providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered
  - Personal care services - January 1, 2021\*
  - Home health services - January 1, 2023

**\*Good Faith Effort exemption delayed final implementation by one year.**



# Overall Requirements

- EVV captures the following details:
  - **Type** of service performed
  - **Individual receiving** the service
  - **Date** of the service
  - **Location** of service delivery
  - **Individual providing** the service
  - **Time** the service begins and ends



# Rationale for Policy

- **Federal Law** - required under Section 1903(l) of the Social Security Act
- **Reduce Fraud, Waste, and Abuse** - ensures services are billed according to services authorized and performed
- **Improves Overall Quality of Services**



# Does EVV Impact Me?

- **Criteria for Service Inclusion:**

- Personal care service (Includes activities of daily living or instrumental activities of daily living)
- Authorized for coverage through a federal home and community-based services authority (1915(c), 1915(i), 1915(j), 1915(k), 1115)
- Provided in the home



# Does EVV Impact Me?

Impacted Services	
Medication Training and Support (AMHH population)	Respite Care
Skills Training and Development (AMHH and CMHW population)	Unskilled Respite Care
Attendant Care	Residential Habilitation (Hourly)
Homemaker Services	Residential-Based Habilitation
Participant Care and Assistance	

**If you provide these services and do not submit an EVV record with these claims starting on January 1, 2021, you will not receive reimbursement for these services.**



# Getting Ready for EVV Implementation



# Two Options for EVV Implementation

- The Indiana Health Coverage Programs (IHCP) uses the **Open Vendor Model**:
  - Sandata (State-sponsored EVV solution)
  - Alternative EVV solution (meeting the same requirements)

The IHCP allows providers to use any alternative EVV solution that satisfies the requirements from the 21<sup>st</sup> Century Cure Act.





# Sandata (State Solution)

## Step 1: Complete the Sandata Training

- Self-paced training
- Scheduled online webinars

## Step 2: Receive Your Login Credentials

- Send your certificate of completion to [INXIXEVV@dx.com](mailto:INXIXEVV@dx.com) to receive login credentials



# Sandata (State Solution)

## Step 3: Enter Your Employee/Client Information

- Login information for each employee
- Information for all members who you serve

## Step 4: Provide Employees with Appropriate Devices

- Sandata Mobile Connect (for mobile visit verification)
- Telephonic visit verification



# Sandata (State Solution)

## Step 5: Prepare Your Direct Care Workers

- Santrax ID and telephonic visit verification phone number
- Familiar with the service and task codes

**There is **no cost** to the provider to use the Sandata (State-Sponsored Solution).**



# Alternative EVV Solution

## Step 1: Email [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov)

- Provide agency's name and contact information
- Provider vendor's name and contact information

**If your vendor has not previously integrated with Sandata in Indiana, **the vendor** will be required to pay a one-time fee.**



# Alternative EVV Solution

## Step 2: Request testing credentials from [INAltEVV@Sandata.com](mailto:INAltEVV@Sandata.com)

- Follow the steps as provided by Sandata to ensure testing with your vendor can begin

## Step 3: Work with your vendor to complete testing

- Coordinate with your vendor during this process



# Alternative EVV Solution

## Step 4: Complete the self-paced training

- Brief training on the Sandata Aggregator (**not the Sandata State-Sponsored Solution**)
- For additional training, consult with your alternative EVV vendor

## Step 5: Request production credentials

- Allows agency to log into the Sandata Aggregator to submit EVV records



**January 1, 2021**

Claims payment will be disrupted for claims submitted without an EVV record.



**Don't wait until the last minute to prepare for EVV implementation!**



## EVV Resources





# EVV Resources

The Electronic Visit Verification webpage - located under the Business Transactions tab

The screenshot displays the Indiana.gov website interface. The top navigation bar includes a menu icon, the IN.gov logo, and tabs for BUSINESS & AGRICULTURE, RESIDENTS, GOVERNMENT, EDUCATION, TAXES & FINANCE, and VISITING & P. Below this, a secondary navigation bar features icons and labels for INDIANA MEDICAID for Providers, Provider Enrollment, Provider References, Provider Education, Business Transactions, Clinical Services, and About IHCP Prog. The Business Transactions tab is selected, leading to a page with a left sidebar and a main content area. The sidebar lists various services, with 'Electronic Visit Verification' circled in black. The main content area displays the title 'Electronic Visit Verification' and a descriptive paragraph about the IHCP's implementation of an electronic visit verification (EVV) system.

**INDIANA MEDICAID for Providers**

Provider Enrollment    Provider References    Provider Education    Business Transactions    Clinical Services    About IHCP Prog

**Electronic Visit Verification**

The IHCP will implement an electronic visit verification (EVV) system for federally required provider documentation of designated personal care and home health services.



# EVV Resources

The Electronic Visit Verification Training webpage - located under the Provider Education tab

The screenshot displays the IN.gov website interface. The top navigation bar includes links for MENU, IN.gov, BUSINESS & AGRICULTURE, RESIDENTS, GOVERNMENT, EDUCATION, TAXES & FINANCE, and VISITING & PLAYING. Below this, a secondary navigation bar features icons and labels for INDIANA MEDICAID for Providers, Provider Enrollment, Provider References, Provider Education, Business Transactions, Clinical Services, and About IHCP Programs. The Provider Education tab is selected, revealing a dropdown menu with the following options: Provider Education Opportunities, 2020 IHCP Roadshow, IHCP Live, Program Integrity Provider Education Training, Provider Healthcare Portal Training, PE Qualified Provider Training, Electronic Visit Verification Training (highlighted with a yellow circle), Workshop Registration, How to Access Virtual Training, and Archived Workshop Presentations. The main content area of the selected tab is titled "Electronic Visit Verification Training" and contains the text: "Check this page for training opportunities around electronic visit verification (EW) for personal care and home health services."



# EVV Resources

## EVV

### Electronic Visit Verification Preparation

**COMPLIANCE DATE: January 1, 2021**  
Failure to comply with this requirement will result in claims payment disruption.

#### What is EVV?



The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services to use an "electronic visit verification" system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- » Date of service
- » Location of service
- » Individual providing service
- » Type of service
- » Individual receiving service
- » Time the service begins and ends

#### Providers may choose between two technology options to use for Electronic Visit Verification:

<b>Sandata (State-Sponsored EVV Solution)</b>	This is available to all personal care service providers at no cost to the provider. This solution meets the federal requirements but does not provide additional functionality.
<b>Alternative EVV Solution</b>	Providers may also use any other vendor that has integrated in Indiana with the Sandata solution. Alternative vendors may provide additional functionality to providers.

#### Available resources

**Electronic Visit Verification:** This webpage provides all of the latest IHCP policy guidance on EVV implementation as well as helpful information for both Sandata and alternative EVV vendor users.

**Electronic Visit Verification Training:** This webpage contains all of the educational reference material for Sandata users.

### How to prepare for implementation

#### For providers using Sandata (State-Sponsored EVV Solution)

**Step 1: Complete the Sandata training**  
Providers can complete this training using two methods currently:

- » Self-paced online training
- » Instructor-led webinar training session

For instructions on accessing the self-paced training (or to sign up for an instructor-led webinar training session), go to the [EVV Training Registration Quick Reference Guide](#).

**Step 2: Receive your login credentials**  
Once providers have completed the training, they will need to email their certificate of completion to [INDXEVV@idnc.com](mailto:INDXEVV@idnc.com) to receive their agency's Sandata login credentials.

**Step 3: Enter your employee and client information**  
Each employee will have his or her own login information for the Sandata system. The agency will want to create logins for each employee as well as insert information about the agency's clients receiving personal care services.

**Step 4: Provide employees with appropriate devices**  
If the agency is planning to use mobile visit verification using Sandata Mobile Connect, it will want to ensure its employees have access to a smart device. Providers can use either Android or Apple devices. Otherwise, employees should be trained to use telephonic visit verification.

**Step 5: Prepare your direct care workers**  
The agency will want to ensure that their direct care workers have had individual training on capturing visits either through the Sandata Mobile Connect application or through telephonic visit verification.

#### For providers using an alternative EVV vendor

**Step 1: Send an email to [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov)**  
The agency will want to include the agency's name and contact information along with the alternative vendor's name and contact information. This will allow FSSA to determine if the vendor has previously integrated with Sandata in Indiana. If the vendor has not previously integrated, it will be required to pay a one-time fee.

**Step 2: Request testing credentials from [INDXEVV@sandata.com](mailto:INDXEVV@sandata.com)**  
Once Sandata has informed the alternative vendor that they are ready to begin testing, the provider agency should request testing credentials for the vendor. These credentials should be provided to the vendor.

**Step 3: Work with the vendor to complete the testing process**  
With the testing credentials, the vendor will prepare a test file that will be submitted to Sandata for approval. The provider agency will need to stay in contact with the vendor during this process. Be sure to have the vendor submit a notification to [INDXEVV@sandata.com](mailto:INDXEVV@sandata.com) or 855-705-2407 once the test files have been submitted to Sandata for review.

**Step 4: Complete the self-paced training**  
While the vendor is testing, the provider agency should complete a brief training on the usage and functionality of the Sandata Aggregator.

**Step 5: Request production credentials**  
With training complete, and once testing has been confirmed, provider agencies will request production credentials that will be used to log into the Sandata Aggregator.



**Office of Medicaid Policy & Planning**

**Family & Social Services Administration**  
Office of Medicaid Policy & Planning  
402 W. Washington St., Room W374  
Indianapolis, IN 46204

## EVV Implementation Guide

- Provides key requirements
- Provides step by step guide for implementation
- Provides contact information for questions or issues

**AVAILABLE ON THE INDIANA MEDICAID EVV WEBPAGE**

# Provider Resources Available



# Resources Available

- What resources are available to providers?
  - [Regional Field Consultan](#)
  - [Provider Reference Mate](#)
  - [Provider Education](#)



# Sign Up for Updates!

- Register for updates on the Indiana Medicaid Provider Website:
  - Email Address

## Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

Sign Up



# How to resolve questions

- [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov)
  - To ask policy-specific questions
  - To get started with an alternative EVV vendor
- [INXIXEVV@dxs.com](mailto:INXIXEVV@dxs.com)
  - To receive your agency's Sandata State Solution login credentials
- **The IHCP Help Desk: (800) 457-4584, Option 5**
  - For technical assistance using the Sandata State Solution



# Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	DeKalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley, Chicago, Watseka, Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White, Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick, Owensboro
Kentucky	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne, Louisville, Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	





# Questions?

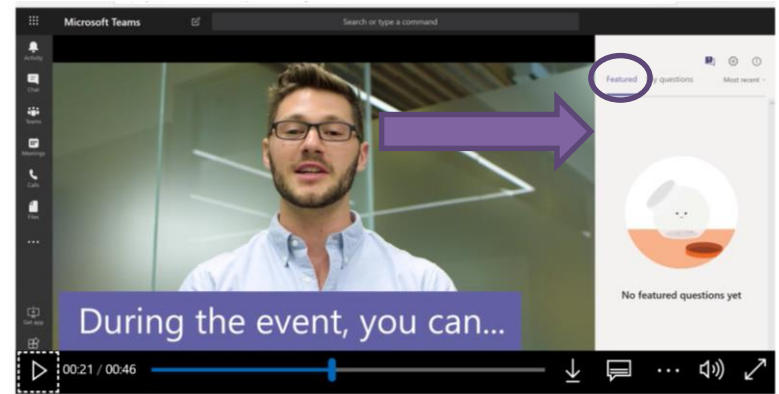
3 Indiana Family and Social Services Administration  
3 Office of Medicaid Policy and Planning





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# COVID-19 Data:

## Total Number of BDDS COVID Positive Cases

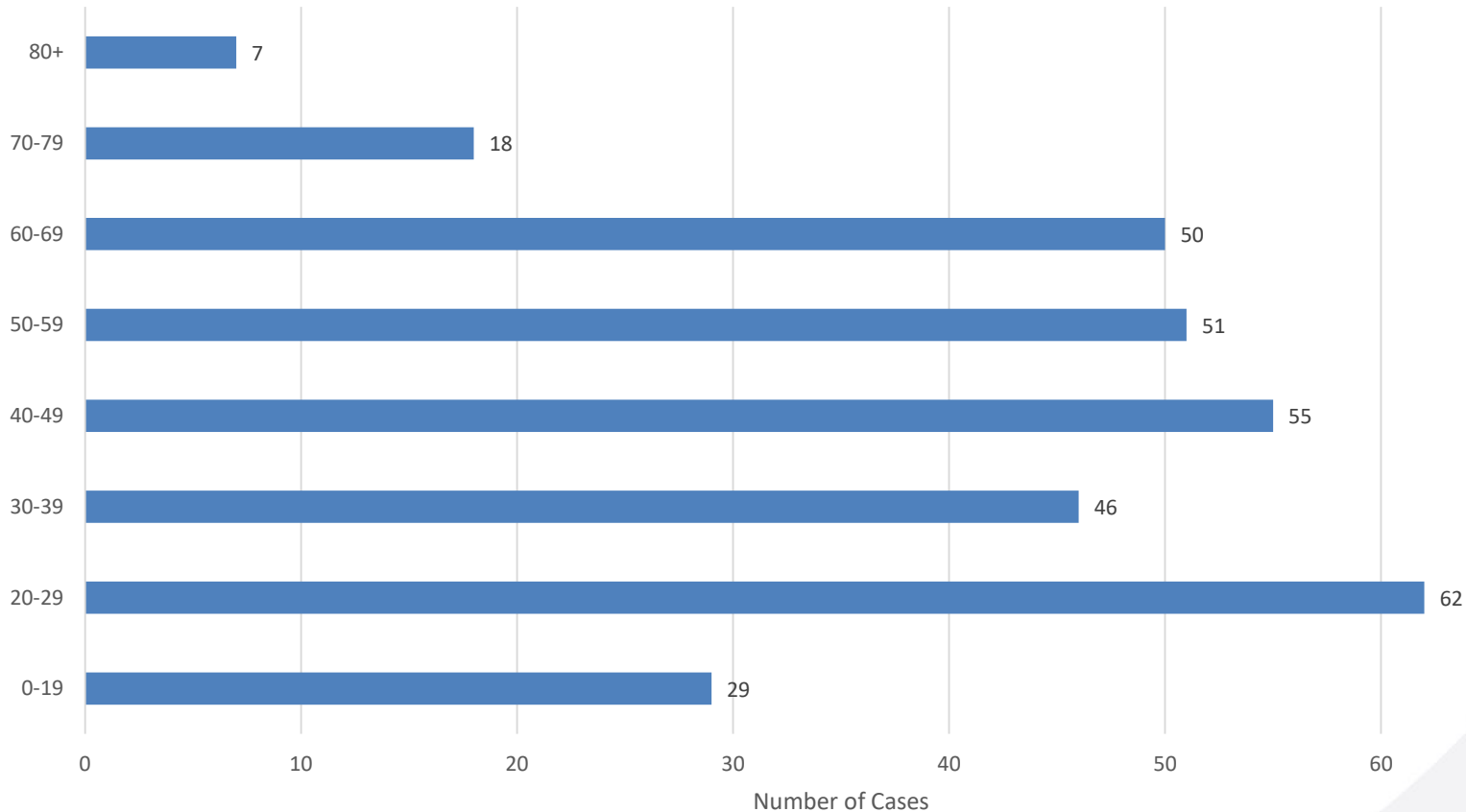


Total Cases: 318  
Total COVID-Related Deaths: 15



# COVID-19 Data: Age Among Unique COVID Positive Cases

Age (Group)



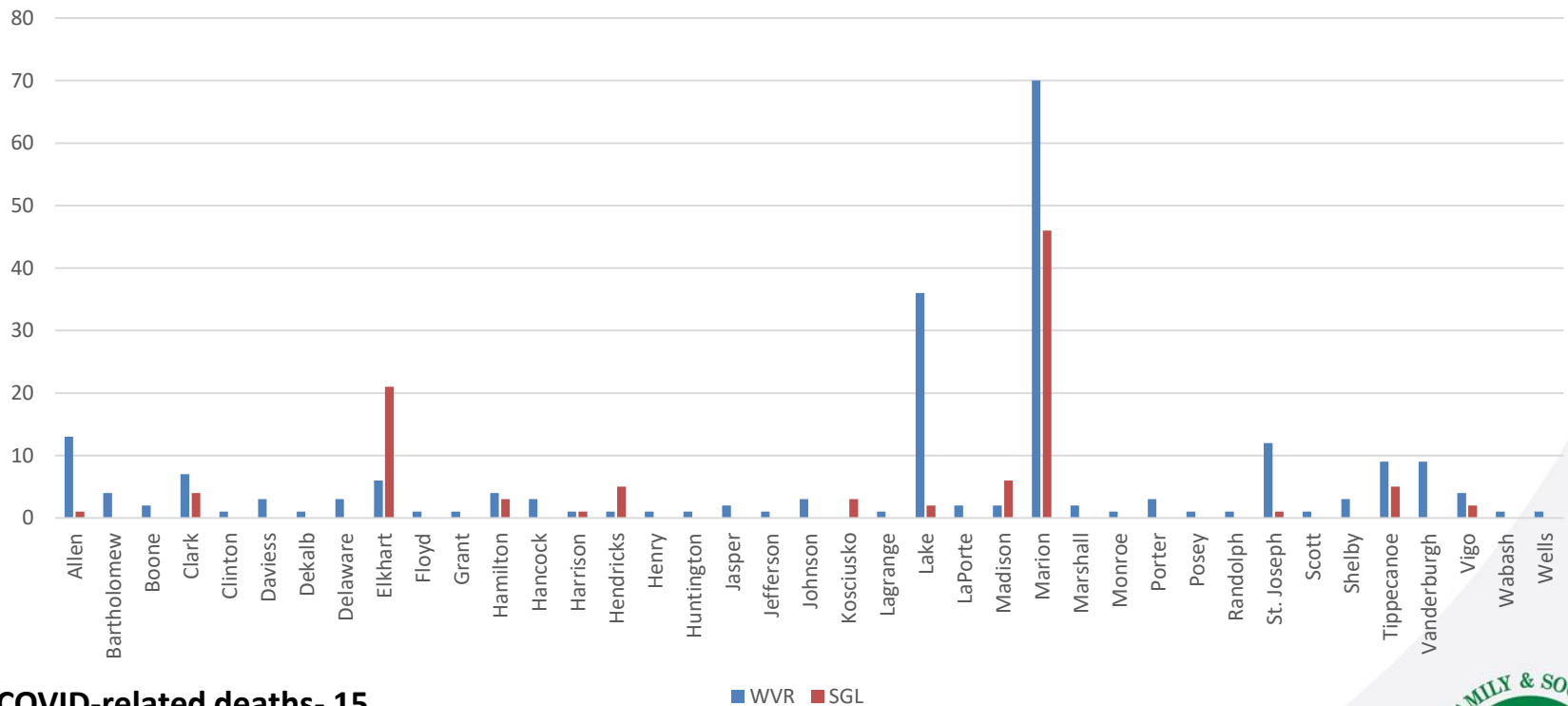
# COVID-19 Data: Positive Individual Cases by County and Funding Type

## Positive Individual Cases

by County/Funding Type

Total Cases = 318

Data as of 8/9/2020



Total COVID-related deaths- 15



# COVID-19 Best Practices

*We all have a responsibility to each other  
to keep the ALL healthy and safe*

Considerations as we continue through the public health emergency:

## Service Delivery

- All providers are responsible for sharing their COVID related policies and procedures with the individual, family **and** team
- In planning visits, consider alternating modes of delivery (i.e one virtual, next in person) and using alternative service locations (i.e. the park or front porch)
- During the visit, practice social distancing when possible. When appropriate, stay in one area of home and be mindful of the surfaces and objects touched
- Other services should only be delivered in day programs or large group settings when warranted to address health and safety concerns or when no other option is available (i.e. case manager should not conduct visits at a day program when a home visit is possible)
- Congregate residential settings should document all team members and visitors who come in and out of the home and the dates present in order to notify them of possible exposure, if an individual or staff in the home is identified as COVID positive or presumed positive.



# COVID-19 Best Practices

*We all have a responsibility to each other  
to keep the ALL healthy and safe*

Considerations as we continue through the public health emergency:

## Screening Procedures

Before providing in-person services case managers, therapists, behavior support specialists and other appropriate team members should ask the following questions of themselves, the individual, the family and other team members who may be present at the time. If the answer to these questions is yes, the provider should use an alternate service delivery option and/or reschedule the visit

- Have you or anyone in the home had close contact with someone who has tested positive for COVID-19 within the past 14 days?
- Are you or anyone in the home currently ill? Do you or anyone in the home have symptoms of a cold, cough or shortness of breath? Have you or anyone in the home temporarily lost your sense of taste or smell?
- Do you or anyone in the home currently have a fever or have you had fever within the past week?
- Are you or anyone in the home currently awaiting results from a COVID-19 test?
- Are you or anyone in the home being quarantined due to concerns of exposure or infection of COVID-19?



# COVID-19 Best Practices

*We all have a responsibility to each other  
to keep the ALL healthy and safe*

Considerations as we continue through the public health emergency:

## Communication among team members

Team members, providers, family members, individuals and staff should notify ALL team members when:

- An individual in the home is suspected of having COVID-19 (showing symptoms and/or following quarantine procedures)
- An individual in the home is being tested for COVID-19
- An individual has tested positive for COVID-19

In addition to helping keeping the ALL healthy and safe, it is important for the team to consider if the individual has had a change in condition and whether there is a need to modify their current service array.





# COVID-19 Best Practices

*We all have a responsibility to each other  
to keep the ALL healthy and safe*

Considerations as we continue through the public health emergency:

## PPE & General Health and Safety

- All providers and provider agencies should follow guidance from the local health department, state and federal authorities including the CDC and ISDH on use of PPE
- Face coverings should be worn and changed between visits, if possible. Cloth face coverings should be laundered regularly
- Gloves are not required but can be considered.
- Effective hand hygiene practices should be followed
- Maintain at least 6 feet distance when possible
- Avoid touching your eyes, nose and mouth
- Cover your coughs and sneezes, dispose of tissues and wash hands/use hand sanitizer immediately
- Clean frequently touched surfaces and objects





# Seeking Feedback from Individuals and Families

- Releasing electronic survey specifically for individuals receiving services and their families
- Evaluate the individual and family experience during COVID-19
- Please share widely
- Will share the results once complete



# Telemedicine Flexibilities

- Evaluating possible extensions of Appendix K
- Telemedicine has been widely popular
- Should be at the request of the individual and/or family
- Case managers and providers should check in prior to each scheduled visit to ensure telemedicine is at the request of the individual/family due to concerns of exposure of COVID-19



# Questions on BMAN Goals in PCISP

- The PCISP must identify the behavioral support services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process. The need for service continuation is to be evaluated annually by the Individualized Support Team (IST) and reflected in the PCISP.
- As with any outcome within the PCISP, the Behavior Management Service has at least one associated proposed **strategy/activity step** designed to address potential barriers or maintenance needs in relation to the desired outcomes and the support and services needed to facilitate the outcomes. The proposed strategy/action steps also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency that are responsible for the strategy/activity
- The service itself would require at least one proposed strategy/ activity step. **This does not mean the specific goals within the BSP are required to be recorded in the PCISP, as the BSP is attached to the PCISP in the Appendix section.**



# HCBS in Hospital Policy

*Guidance issued on August 4<sup>th</sup>*

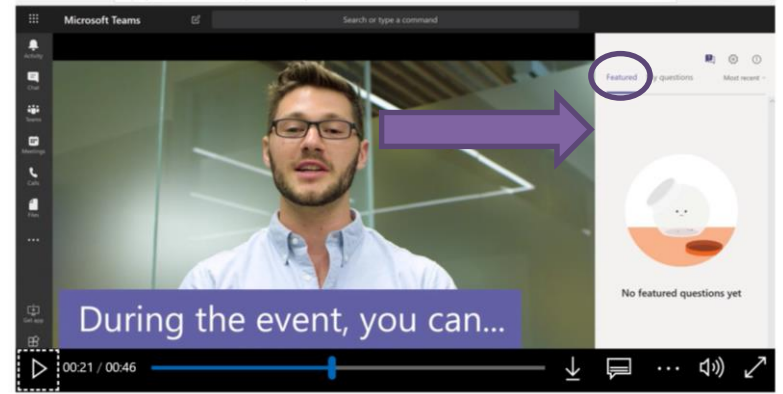
- Individuals may receive HCBS from their direct support professional or other support staff while receiving medical care and treatment in an acute care hospital when
  - The waiver service is documented in PCISP
  - The waiver service meets the need(s) of the individual that are not met through the provision of hospital services
  - Then waiver service is being provided to ensure a smooth transition between the acute care setting and home and community based setting and preserve the individual's functional abilities





# Please Be Sure to Sign-In

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# Scenario: Ethel

Ethel is 68 years old and resides in a nursing facility where she has lived for the last three years. Prior to moving to the nursing facility, Ethel resided in an apartment with her husband. She and her husband were great supports for each other and when he passed, her health declined significantly. This resulted in Ethel transitioning to a nursing facility where she has on-site 24/7 nursing care to address her skilled nursing needs.

Ethel and her husband always wanted children but were unable to have them. Ethel volunteered in the nursery at her church for years before her mobility declined. She has always loved being around children. She considers a room full of energetic children her happy place!



# Scenario: Ethel

Prior to the pandemic, the nursing facility had occasional visits from classes of children from the local schools. These visits were Ethel's favorite activity. She enjoyed telling the children stories about her life, her church, and her husband.

Ethel participates in OBRA services. Specifically she receives community-based habilitation one day per week. During this time, she volunteers at the local library where she acts as an assistant to the library staff that facilitate the weekly activities for preschool age children. Ethel loves her volunteer job because it allows her to be around children and help them have fun.

Because of the pandemic, Ethel has not been able to leave the nursing facility. Her health conditions put her at high risk, as does her age. Additionally, the library is not currently hosting the weekly activities for preschool age children though they plan to resume these in September. Ethel is concerned about losing her volunteer position but also is not comfortable with returning to a location where there are so many people.





# Scenario: Ethel

The Community Based Habilitation provider staff (DSP) is unable to enter the nursing facility due to the pandemic and related visitor restrictions. However, the DSP made contact with the library staff alongside whom Ethel volunteers to discuss how to keep Ethel connected with the library and plans for future activities.

The library staff reported that they are very short handed due to laying off employees and would really benefit from having Ethel back. If she cannot yet return, library staff explained that there are some clerical type activities involving preparing for future activities with youth that Ethel could assist with.

The DSP called Ethel on her cell phone to discuss and gauge her interest in volunteering in a different way while remaining connected to the youth services at the library. Ethel liked the idea of doing something different while unable to leave the facility and really liked the idea of helping out the library's youth program.



# Scenario: Ethel

The DSP contacted the social worker at the nursing facility to discuss Ethel's wishes and asked if the DSP could drop off and pick up materials on a weekly basis. The social worker agreed but clarified that the DSP cannot enter the building but could 'porch drop' items and the social worker would ensure they get to Ethel.

The DSP circled back with Ethel and let her know that the nursing facility social worker was going to assist in getting the materials to her once the DSP drops them off. The DSP then set up a Zoom meeting with Ethel and the library staff so that they could all three discuss the nature of the forthcoming work. It was agreed that the DSP will pick up materials from the library every Friday and drop them to Ethel every Monday morning.

The DSP will have a Zoom meeting with Ethel every morning Monday through Friday. During the meeting, the DSP and Ethel will discuss the week's tasks that need to be completed, review the materials delivered, trouble shoot any problems that may arise, and provide any virtual assistance that may be needed.



# Scenario: Ethel

Tasks will include assembling mailings for the various youth programs, sorting craft items in preparation for craft activities, assembling and cutting paper patterns\displays for bulletin boards in the children's area, assembling welcome packets for new youth, and assembling information and enrollment packets for reading programs. The finished products will be picked up by the DSP and delivered to the library every Friday afternoon.

As was the case when Ethel volunteered on-site at the library, the DSP will have weekly communication with the library staff to ensure things are going well and work through any issues. The library has been pleased with Ethel's work and continues to be anxious for her to return when it is safe for her to do so and when she is comfortable to do so.



# Scenario: David

David is 36 years old, lives with his parents who are his legal guardians and receives prevocational services through the FSW. Recently David and his guardian received notice from his prevocational services provider that they will be closing their sheltered workshop in two weeks.

David is very upset as he liked the people he worked with and felt pride in having a job. David's parents are also upset because the workshop gave David a safe place to go a couple of days a week while they worked.

They call their case manager to discuss their concerns and ask for help. The case manager calls a team meeting so that everyone can work together to develop a plan that helps David live his best life.



# Scenario: David

The first thing the team discusses is David's trajectory. They know that by revisiting what he has stated is his vision for a good life it can help David and the team refocus on what is important to David and think about what other types of experiences can get him there.

David says that he wants to have a job, live with his friend Jacob and go to the movies. David's guardian is unsure that he can ever have a job in the community and feels anxious about him getting enough supports to live on his own with a roommate.

The team then begin to use the integrated supports star to explore experiences and opportunities for David that will move him towards that vision.



## Scenario: David

Personal Strengths & Assets: David thrives on routine and is independent in his personal care when given prompts. He is a guy who likes to be around small groups of people and is engaging in conversation with them once he feels comfortable. He takes pride in doing a good job and helping out. David can be alone for short periods of time and knows to lock the front door and call his mom when he gets home.



## Scenario: David

Relationships: David is very close to his parents and has 2 siblings who live out of town but he talks to them often on the phone. David has friends from the workshop who also participate in Special Olympics with him. His neighbors know him and his parents and they help keep an eye out for him if he is walking around the neighborhood by himself, which he enjoys. David knows that if he needs something he can go to Betsy's house who lives right next door and she will help him. David is well known in his small community. The staff at the local Taco Bell know exactly what he wants and makes it up for him when they see him coming in.



# Scenario: David

Technology: David has a simple smart phone where he can dial his parents and neighbor Betsy if he needs something. The team decides to try different apps with David to get him comfortable using them on his smart phone. David likes the idea of having his phone remind when it is time to take a shower and brush his teeth.

The team discuss other apps to support him as he masters using the smart phone more proficiently. They plan to try a calendar app with reminders so he knows what he is doing each day and where he is expected to be, practice using a map app that will give him walking directions if he wants to walk to the movie theater that is about 12 blocks away and installing a GPS locator app so that his parents can find him if he would get lost.

In addition his guardians are going to get David a debit card with spending limits so he doesn't have to count cash and can't be taken advantage of by someone who may ask for him to buy them something. The team agrees that by adding and trying all of these things David could gain more independence.





# Scenario: David

Community: David has done some volunteer work with a local food pantry stuffing envelopes and sorting donations but that had to stop due to COVID-19 because the pantry stopped allowing volunteers. David really enjoyed his time there and the supervisor was very patient in helping David learn the steps. The team decided to reach back out to the pantry to inquire if they were allowing volunteers back into the building yet.

Because David is so well liked at the local Taco Bell he and his guardian are going to approach the manager about possible part time employment. The team will work with the employer and connect them to any necessary resources if they are agreeable to giving David an opportunity.

The team also suggests to David that he become involved in the local self-advocates group where he can make new friends and learn more about how to effectively advocate for himself.



# Scenario: David

Eligibility Specific - The team discuss VR services with David and his guardian. David had been involved in VR services several years ago and David said “they didn’t help me”. The team talks through that bad experience and also about what VR currently offers. David and his guardian decide they would be willing to try again.

The team also discusses his current waiver services. They explore how the addition of remote supports may be able to provide David with supports during some parts of his day while the guardian is at work. The guardian feels a little anxious about this but is willing to have a remote supports provider do an assessment and give specific details on what those supports would look like for David.

The team also discusses finding a prevocational provider who is able to focus on providing opportunities for David to volunteer onsite at different organizations to gain work related experiences and learning.

*David and his guardian are excited at the number of new possibilities to explore that will provide supports, enhance his skills, increase his independence and live his best life.*



# Scenario: Jamie

Jamie is a twelve year old girl who has had the FSW for several years. She receives PAC, respite and case management on her CCB. Jamie attends school during the day and utilizes PAC during the week and respite on the weekends. During Jamie's annual meeting, the case manager discusses the waiver renewals and the changes in service definitions as well as the addition of services that had historically not been available on the FSW. The case manager presents the parents with the Waiver Renewal Fact Sheet information for families that was released on July 16, 2020.



# Scenario: Jamie

In reviewing the fact sheet, the parents inquired about environmental mods availability. Since Jamie has a history of elopement, they were wondering if the service would be able to fund a fence for the back yard to enable Jamie to play without having her parents to be in the yard with her the whole time. A six foot privacy fence with a locked gate would enable mom to watch from the kitchen while Jamie played and ensure her safety while allowing mom to complete some household chores.

The fact sheet notes \$15,000 is available for environmental modifications and that is the lifetime cap and the service is outside of the FSW waiver cap. As the case manager and team explores the option of a fence to address Jamie's elopement, they discuss the following questions in relation to Jamie's needs:



# Scenario: Jamie

*Are there other funding options that can be explored to assist in getting a fence?*

The case manager discusses community options that may be available to assist with the funding of a fence. The case manager advises the family to contact local service groups such as the Kiwanis or Optimist Clubs who will frequently take on small projects to help a community member in need. The case manager also advises that she will research to see if there are other local civic groups in the area that may be able to assist. They also discuss if it would be feasible for them to save enough money to put a fence in themselves as they know it will add value to their home if they ever chose to sell.



# Scenario: Jamie

*Are there other supports or services that can be explored to address the elopement issue?*

The case manager also discusses other options available to address elopement as this is a concern not only when Jamie is in the backyard but also when she is away from the home. They discuss the service of behavior management and how it could assist in devising proactive and reactive strategies to support Jamie. In addition mom is going to reach out to Jamie's developmental pediatrician for advice on therapeutic options.



# Scenario: Jamie

They also discussed other safety measures they could put in place such as Jamie having an ID bracelet, exploring a GPS tracking system such as AngelSense, connecting with her local fire and police departments to notify them of her tendency for elopement as well as inquiring about any specific safety programs they may have, notifying neighbors and providing them with their contact information if they would find or see Jamie away from the home by herself and using outdoor security cameras that would enable mom to have direct supervision when Jamie is in the yard. The case manager and mom agree that most of these things will be necessary and helpful with and without a fence.



# Scenario: Jamie

*Is this a short term or long term solution?*

The parent's feel that a fence would provide security around the backyard that prevents Jamie from eloping for the long term. While Jamie runs away she does not have a history of climbing things so they don't believe she would try to climb the fence. They also discuss that elopement may not be a long term problem for Jamie but they believe that a fence will always make them feel safer with her in the backyard even into adulthood.





# Scenario: Jamie

*Does the family have any plans for moving in the future? When Jamie becomes an adult is there a plan that she will live independently?*

Jamie's vision for a good life includes eventually living in her own home and the parents do not anticipate she will live with them indefinitely but most likely will need to be with them into her mid to late 20s. Her father works for a company based in Indianapolis, but it has several field offices around the state and there is a chance he may be transferred to another location in Indiana at some point.



# Scenario: Jamie

*Keeping in mind that environmental modifications have a lifetime cap, are there potential future needs that they may need to use the funds for?*

The parents hadn't really thought about the need for future environmental mods. In addition to her Autism Jamie has a mitochondrial disorder that has responded well to treatment so far. Her parents discuss that if it would progress or if her body stopped responding to treatment she may develop some mobility assistance needs. As Jamie grows, these needs may become more advanced and require additional modifications to her home and environment.



# Scenario: Jamie

Through thoughtful consideration, the parents decide to try the other options discussed before using funding via environmental modifications for a fence. They understand this is a lifetime cap and Jamie may have additional needs in the future that could be addressed with this service and wish to hold onto this option as her needs change. For now, they will seek out other funding sources and put safety measures discussed in place. They plan to see how all of those things go but are comforted to know that these funds could still be a viable option if needed in the future. They feel the decision they have made is in Jamie's best interest for the time being.





- The Next BDDS Meeting for Case Managers and Providers is scheduled for **August 26th** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:  
[BQIS.Help@fssa.in.gov](mailto:BQIS.Help@fssa.in.gov)

